

TECHNICAL EXHIBIT 29

TYPES OF WORK REQUESTS

The three forms displayed in this technical exhibit are used by the majority of customers to communicate specifications for products requested. Each of them contains the same fundamental blocks for production specifications. The information indicated on the forms includes:

- a. Requestor.
- b. Date of request.
- c. Delivery date.
- d. Delivery instructions.
- e. Title of publication.
- f. Classification.
- g. Number of originals.
- h. Number of Copies.
- i. Sides to be printed.
- j. Finished size.
- k. Paper type.
- l. Image color.
- m. Binding instructions.
- n. Billing instructions.
- o. Additional Instructions.

These forms may be received either in hardcopy form or as a digital file accompanying an online submission. Derivatives of these forms are used locally to eliminate unnecessary specifications or to add additional blocks for specifications that are unique to that location. See Technical Exhibit-30.

DOD PRINTING REQUISITION/ORDER		CLASSIFICATION <small>(Requisition automatically becomes "UNCL" when detached from classified material.)</small>		FOR PLANT USE ONLY				
REQUISITION NO.	DATE OF REQUEST	REQUESTED DLVY	EST. COST					
FOR REFERENCE CONSULT			PHONE					
ACCOUNTING DATA								
FORM/PUBLICATION NO. AND TITLE <small>(In that order)</small>								
QTY. <small>(Specify shts, sets, etc.)</small>	PAGES	QTY. WILL LAST	JOB TO BE REPRINTED	JOB IS	LAST JOB NO.			
		MOS. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> A REPRINT					
ENCLOSURES <small>(Submit clean, well protected copy)</small> <small>(If other, specify)</small>								
PAGES COPY	NEGATIVES	PLATES	PROOFS <small>(Specify only if necessary)</small>	SEND TO:				
			<input type="checkbox"/> NOT REQ'D					
SPECIFICATIONS	FINISHED SIZE		MARGINS <small>(Top)</small> <small>(Left/Bind)</small>		INK <small>(If not black)</small>			
	<input checked="" type="checkbox"/> X							
	FOLD TO <small>(Size)</small>		PRINT					
	<input checked="" type="checkbox"/> X		<input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER <small>(SEE COPY ATTACHED)</small>					
	ASSEMBLE		WIRE STITCH <small>(Staple)</small>		OTHER <small>(Specify)</small>			
	<input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.		Number Stitches: <input type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>					
	STANDARD PUNCH <small>(Drill)</small>		OTHER <small>(Number)</small> <small>(Diameter)</small> <small>(Ctr. to ctr.)</small> <small>(Location)</small>					
	<input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT							
	PERFORATE/SCORE		PAD <small>(Location)</small>		PRONG FASTENERS			
	<input type="checkbox"/> SEE COPY		SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT		<input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPOSING/PROCESSING <small>(Prepare/alter copy; folioist; offset; etc.)</small>				WRAP <small>(No. per pkg.)</small>	*NOTE: Grades and weight of paper will be in accordance with specifications issued by the Congressional Joint Committee on Printing. No deviations permitted unless justified.			
DISPOSITION OF					H-HOLD D-DESTROY R-RETURN			
NEGS. _____ ORIG. _____								
FOR PLANT USE ONLY								
NUMBER ORIG.	LINE H.T.				SPECIAL INSTRUCTIONS/REMARKS			
IMAGE SIZE								
<input checked="" type="checkbox"/> X								
PRESS	PLATES						IMP	
PRESS SHEET SIZE								
<input checked="" type="checkbox"/> X								
TRIM SIZE								
<input checked="" type="checkbox"/> X								
PLANNED BY								
ORDERING OFFICE <small>(If other than delivery address)</small>					DELIVER TO <small>(Complete address)</small>			
LIAISON OFFICE APPROVAL <small>(Signature and date)</small>								
APPROVING OFFICE <small>(Signature and date)</small>								
SEND CONFIRMATION/BILLING COPY TO <small>(Insert complete mailing address)</small>								
					DISTRIBUTION REQUIRED			
					<input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED			
					WILL PICK UP - PLEASE NOTIFY: (Ext.)			
					<input type="checkbox"/> HOLD			
					MATERIAL RECEIVED <small>(Signature and date)</small>			

REQUISITION FOR PRINTING AND BINDING SERVICE				<input type="checkbox"/> FUND APPROPRIATED <input type="checkbox"/> NON-APPROPRIATED		DATE		ACTIVITY ORDER NUMBER		PLANT USE ONLY		JOB NUMBER			
TO:				THRU: (Appropriate Printing Control Authority)				FROM: (Originating Agency and Person to contact & telephone extension)							
1. TITLE OF PUBLICATION								2. NUMBER AND DATE							
3. PURPOSE, FUNCTION, ECONOMIES EFFECTED AND CONCURRENCES															
4. QUANTITY IN: <input type="checkbox"/> SHEETS <input type="checkbox"/> SETS <input type="checkbox"/> BOOKS <input type="checkbox"/> PADS <input type="checkbox"/> OTHER (Specify in Item 13)								5. SIZE OF PUBLICATION				6. NUMBER OF PAGES			
a. PARTIAL DELIVERY REQUESTED				b. COMPLETE DELIVERY REQUESTED				a. TRIM SIZE		b. FOLDED TO					
DATE		QUANTITY		DATE		QUANTITY		WIDTH		LENGTH		WIDTH		LENGTH	
7. BINDING (Use Item 13 for additional instructions)								8. PAPER STOCK				9. PRINT			
<input type="checkbox"/> LOOSE <input type="checkbox"/> GLUED <input type="checkbox"/> OTHER		<input type="checkbox"/> SIDE STITCHED <input type="checkbox"/> SADDLE STITCHED		PAD <input type="checkbox"/> TOP <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTTOM SHEETS IN PAD SETS IN PAD SHEETS IN SET		COP-IES 1 2 3 4 5 6 7 8 9 10		BASIS WEIGHT KIND COLOR COLOR INK FACE ONLY HEAD TO HEAD FOOT SIDE							
10. PUNCHING															
NR HOLES		DIAMETER		C TO C		KIND		POSITION							
11. MATERIAL DISPOSITION															
		HOLD		DESTROY		RETURN TO									
NEGATIVES															
ORIGINALS															
12. CLASSIFICATION															
13. ADDITIONAL INSTRUCTIONS. DUMMY ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>								(Perforations, scoring, prenumbering, etc.)							
14. DISTRIBUTION INSTRUCTIONS (If desired, also indicate person to be notified when job is completed.)								15. APPROPRIATION CHARGEABLE							
								CERTIFICATION THAT THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPARTMENTAL REGULATIONS. THAT THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC SERVICE. THAT THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS.							
								16. ORIGINATOR (Typed Name, Signature and Date)							
								17. ACTION BY PRINTING CONTROL AUTHORITY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
								TYPED NAME, SIGNATURE AND DATE							
FOR PLANT USE ONLY		18. DATE RECEIVED		19. PRIORITY		23. PRESS SIZE		HOURS IN USE		NUMBER OF MASTERS		PRESS IMPRESSIONS		PRODUCTION UNITS	
						X									
						X									
						X									
								X							
20. DATE PROMISED		21. DATE COMPLETED		22. DATE DELIVERED											
RECEIPT OF COMPLETED JOB															
24. RECEIVED BY						25. ORGANIZATION SYMBOL						28. DATE			

DD FORM 843, JUL 55 (EG)

PerFORM (DLA)

REQUISITION FOR LOCAL DUPLICATING SERVICE				1. DATE OF REQUEST		2. DATE REQUIRED		3. JOB NUMBER							
PART A - REQUEST															
4. REQUESTING OFFICE					5. DELIVERY INSTRUCTIONS										
a. ORGANIZATION			b. BUILDING		c. ROOM NO.		a. DELIVER TO								
d. FOR REFERENCE CONSULT: (1) Name			(2) Telephone Number			b. PERSON TO CALL IF TO BE PICKED UP (1) Name			(2) Telephone Number						
6. DESCRIPTION OF JOB			a. APPROPRIATION CHARGEABLE												
b. TITLE, FORM NO., ETC.			c. CLASSIFICATION <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Other (Specify)			d. NO. OF ORIGINALS		e. NO. OF COPIES EACH		f. DISPOSITION OF ORIGINALS <input type="checkbox"/> Return <input type="checkbox"/> Destroy					
7. SPECIFICATIONS (X and complete all that apply)															
a. TYPE REPRODUCTION <input type="checkbox"/> Xerographic <input type="checkbox"/> Offset <input type="checkbox"/> Other (Specify)			b. PRINT <input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Other (Specify)		c. FINISHED SIZE <input type="checkbox"/> 8-1/2 X 11 <input type="checkbox"/> Other (Specify)		d. PAPER <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		e. INK <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify)						
f. COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No		g. STAPLE <input type="checkbox"/> Yes <input type="checkbox"/> No		h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)											
8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business.															
a. PRINTED NAME OF REQUESTER			b. SIGNATURE OF REQUESTER				c. SIGNATURE OF PRINTING CONTROL OFFICIAL								
PART B - APPROVAL (For reproduction unit use only)															
9. DATE RECEIVED		10. PRIORITY		11. OPERATOR		12. DATE COMPLETED		13. NO. COPIES REPRODUCED		14. DATE RECEIVED BY REQUESTER		15. JOB RECEIVED BY		16. DATE REQUESTER NOTIFIED JOB IS COMPLETE	

DD FORM 844, FEB 89 (EG)

Consolidates DD Form 283 and DD Form 844,
which may be used until supply is exhausted.

PerFORM (DLA)